MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO	FILING DATE
09/869175	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1					51						
2		1		1				52						
3		1						53						
4								54						
5		4		4				55						
6		4		4				56						
7		4		4				57						
8		4						58						
9	1		1					59						
10		1						60						
11		1						61						
12		1		1				62						
13		4		4				63						
14		4		4				64						
15		4		4				65						
16		1		1				66						
17		1		1				67						
18		1		1				68						
19		1		1				69						
20		1						70						
21	1		1					71						
22		1		1				72						
23		1		1				73						
24	1		1					74						
25		1		1				75						
26		1		1				76						
27	1		1					77						
28	1		1					78						
29		1		1				79						
30		1		1				80						
31	1		1					81						
32	1		1					82						
33		1		1				83						
34				1				84						
35				1				85						
36				1				86						
37				1				87						
38				1				88						
39				1				89						
40				1				90						
41				1				91						
42				1				92						
43				1				93						
44				1				94						
45				1				95						
46				1				96						
47				1				97						
48				1				98						
49				1				99						
50								100						
TOTAL IND.	9	←	9	←		←		TOTAL IND.		←		←		←
TOTAL DEP.	45		57					TOTAL DEP.						
TOTAL CLAIMS	54		66					TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS